

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

TRANSCRIPT ORDER FORM

Please use one form per court reporter per case, and contact court reporter directly immediately after e-filing form. (Additional instructions on next page.)

COURT USE ONLY  
DUE DATE:

1a. Contact Person for this Order  
Stephen Cochell

2a. Contact Phone Number  
713306-8434

3a. Contact E-mail Address  
srcocell@gmail.com

1b. Attorney Name (if different)  
Cochell Law Firm, P.C.

2b. Attorney Phone Number  
Same

3b. Attorney E-mail Address  
Same

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)

5850 San Felipe, Ste 500  
Houston Texas 77057

5. Name & Role of Party Represented  
Jason Cardiff

6. Case Name  
U.S.A v Jason Cardiff

7a. District Court Case Number  
5:18-cr-00021

7b. Appeals Court Case Number

8. INDICATE WHETHER PROCEEDING WAS (choose only one per form):

☐ DIGITALLY RECORDED

☒ TRANSCRIBED BY A COURT REPORTER; NAME OF COURT REPORTER: Phyllis Praston

9. THIS TRANSCRIPT ORDER IS FOR: ☐ Appeal ☐ Non-Appeal

☒ Criminal ☐ Civil

☐ CJA ☐ USA ☐ FPD ☐ In forma pauperis (Court order for transcripts must be attached)

10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type):  
You MUST check the docket to see if the transcript has already been filed, and if so, provide the "Release of Transcript Restriction" date in column c, below.

a. HEARING(S) OR PORTIONS OF HEARINGS (Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or emailed to transcripts\_cacd@cdccourts.gov.)

HEARING DATE	Minute Order Docket# (if available)	JUDGE (name)	PROCEEDING TYPE / PORTION If requesting less than full hearing, specify portion (e.g., witness or time). CJA orders: indicate if openings, closings, voir dire, or instructions requested.	b. SELECT FORMAT(S) (CM/ECF access included with purchase of transcript.)					c. RELEASE OF TRANS. RESTRICTION DATE (Provide release date of efiled transcript, or check to certify none yet on file.)	d. DELIVERY TYPE 30-day, 14-day, 7-day, 3-day, Daily, Hourly
				PDF (email)	TEXT / ASCII (email)	PAPER	CONDENSED (email)	CM/ECF ACCESS (web)	WORD INDEXING	
10/24/24	1472	Bernal	Motion to Dismiss / Motion to Suppress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7-Day
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. CJA Orders: Explain necessity of non-appeal orders, orders for transcripts of proceedings involving only a co-defendant, & special authorizations to be requested in Section 14 of CJA-24 Voucher (attach additional pages if needed).

12. ORDER & CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act.

Date 12/9/24 Signature [Signature]